

## **Appendix C**



**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD**  
**SAN DIEGO REGION**

**SANITARY SEWER OVERFLOW REPORT FORM**

**ALL ITEMS ARE REQUIRED TO BE ADDRESSED**

1. This report is (check one) ☐ Preliminary ☒ Final ☐ Revised Final
2. Sanitary Sewer Overflow Sequential Tracking Number: 045015
3. Reported To: Fax & voicemail - Bryan Ott  
(Enter Fax, Voice Mail, or Name of Regional Board Staff)
4. Date Reported: 02 / 27 / 05 (MM/DD/YY)  
Time Reported: 15 : 00 (Military or 24 Hour Time)
5. Reported By: John Burcham
6. Phone: (760) 839-6290
7. Reporting Sewer Agency: City of Escondido
8. Responsible Sewer Agency: City of Escondido
9. Overflow Start: Date: 02 / 27 / 05 (MM/DD/YY)  
Time Reported: 11 : 30 (Military or 24 Hour Time)  
Overflow End: Date: 02 / 27 / 05 (MM/DD/YY)  
Time Reported: 15 : 00 (Military or 24 Hour Time)
10. Estimated Overflow Flow Rate: 350 Secondary Effluent (Gallons Per Minute)
11. Total Overflow Volume: 73,500 Secondary Effluent (Gallons)
12. Overflow Volume Recovered: 0 (Gallons)
13. Overflow Volume Released To Environment: 73,500 (Gallons)

**Sanitary Sewer Overflow Location and Description:**

14. Street and/or Address: City of Escondido Land Outfall Line Manhole #74 (Thomas Bros. pg. 1148 C-4)
15. City: Escondido Zip Code: 92029
16. County: SD (SD, RI, OR)

## 17. Sanitary Sewer Overflow Structure ID:

Manhole #74 Thomas Bros. pg. 1148 C-418. Number of overflows within 1,000 feet of this location in past 12 months: 019. Dates of overflows within 1,000 feet of this location in past 12 months: 0

## 20. Overflow Cause – Short Description – Check all that apply:

Roots <input type="checkbox"/>	Grease <input type="checkbox"/>	Line Break <input type="checkbox"/>	Infiltration <input type="checkbox"/>
Rocks <input type="checkbox"/>	Blockage <input type="checkbox"/>	Power Failure <input checked="" type="checkbox"/>	Pump Station Failure <input type="checkbox"/>
Debris <input type="checkbox"/>	Vandalism <input type="checkbox"/>	Flood Damage <input type="checkbox"/>	Manhole Failure <input type="checkbox"/>
Other <input checked="" type="checkbox"/>	Unknown <input type="checkbox"/>	Flood Damage <input type="checkbox"/>	Private Property <input type="checkbox"/>

## 21. Overflow Cause – Detailed Description of Cause:

The Hale Avenue Resource Recovery Facility experienced a power failure or fluctuation at 0100 hours on Feb. 27, 2005. The event was significant enough to start one emergency generator. After power was restored a large percentage of the plant equipment had to be reset. The Equalization Pumps were reset at the motor control center and the Program Logic Controller. After the power failure the EQ pumps needed to be selected to the Remote Auto position and were not. In turn the pumps did not come when influent flow increased. This resulted in the flow to the Escondido Land Outfall to be over capacity. To compound the issue a similar power event had caused the loss of the influent flow meter. We used the flow meter from the EQ Overflow weir for the influent while a replacement meter is on order. Without the meter the excess flow to the outfall was not detected. OES contacted Control #05-1339

## 22. Sanitary Sewer Overflow Correction – Description of all preventative and corrective measures taken or planned:

Staff is working on a high level alarm for the EQ pump wetwell and flow registered on overflow weir for notification of operations staff. New/replacement equipment for above mentioned flow meter is on order and will be installed as soon as it arrives. (6 to 8 weeks) An SOP for Power Failure was in the process of being written and upon completion will be given to Operations Staff. A tailgate meeting is set for Wed. March 2, 2005 which will cover the Power Failure procedure of checking all Motor Control Centers and PLCs. Awareness of equipment required to operate will also be reviewed.

23. Was there measurable precipitation during 72-hour period prior to the overflow? Y ☐ or N ☒Initial and Secondary Receiving Waters:24. Did the sanitary sewer overflow enter a storm drain? Y ☐ or N ☒25. Did the sanitary sewer overflow reach surface waters other than a storm drain? Y ☒ or N ☐26. Name or description of initial receiving waters. (If none, type none) Drainage area near Lone Jack Rd.27. Name or description of secondary receiving waters. (If none, type none) Escondido Creek/San Elijo Lagoon

28. If the sanitary sewer overflow did not reach surface waters, describe the final destination of sewage:

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**Notification:**

29. Was the local health services agency notified? Y ☒ or N ☐
30. If the overflow was over 1,000 gallons, was the Office of Emergency Services (OES) notified? Y ☒ or N ☐ or Not Applicable (N/A) ☐

**Affected Area Posting:**

31. Were signs posted to warn of contamination? Y ☒ or N ☐
32. Location of posting (if posted): Cardiff State Beach San Elijo Lagoon outlet, 600 ft north and ¼ mi south
33. How many days were the warning signs posted? 5

34. Remarks:

For items 24 thru 28 the spill was from the Escondido Land Outfall Line which carries Secondary Treated Effluent.

**NOTES:**

- 1) For description and clarifications of all items on this form, refer to Order No. 96-04 as amended, including the document entitled, "Required Fields for Order No. 96-04 Quarterly Summary Report."
- 2) If the sanitary sewer overflow event results in a discharge of 1,000 gallons or more, or in a discharge to surface waters, this form must be received by the Regional Board no later than five (5) days after the overflow start date.

The following certification must be completed with the five (5) day notice:

I swear under penalty of perjury that the information submitted in this document is true and correct. I certify under penalty of perjury that I have personally examined and am familiar with the information submitted in this document and all attachment and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Name: John Burcham

Signature: John Burcham

Title: HARRF Supt.

Date: 03/07/05

